Grant Thornton LLP 1132 Bishop Street Suite 1000 Honolulu, HI 96813

(808)536-0066

September 7, 2004

Sports Shinko (USA) CO., Ltd. And Subsidiaries 99-994 Iwaena Street, Ste C Aiea, HI 96701

Dear Sir or Madam:

Enclosed are the original and one copy of your 2003 corporate tax returns, as follows...

2003 CALIFORNIA CORPORATION INCOME TAX RETURN

Each original return should be dated, signed and filled in accordance with the filing instructions. Copies of each return should be retained for your files.

The returns were prepared from your unaudited books and records. Please review the same to ensure there are no misstatements of fact or material omissions.

We have applied the overpayment of \$2,485 to your 2004 minimum franchise tax liability. We have not calculated any other estimates. If your operations have changed and estimates are needed, please let us know.

We recommend that you send the returns to the taxing authorities by certified mail with a request for a return receipt. Please retain the receipt as a proof of timely filing.

We sincerely appreciate this opportunity to serve you. you have any questions regarding the returns, please do not hesitate to call.

Very truly yours,

Grant Thornton LLP

CONFIDENTIAL GT033109

## 2003 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

## FOR THE YEAR ENDING

December 31, 2003

Prepared for	Sports Shinko (USA) CO., Ltd. And Subsidiaries 99-994 Iwaena Street, Ste C Aiea, HI 96701
Prepared by	Grant Thornton LLP 1132 Bishop Street Suite 1000 Honolulu, HI 96813
To be signed and dated by	The appropriate corporate officer(s).
Amount of tax	Total tax Less: payments and credits \$ Plus: interest and penalties \$ Overpayment \$ REDACTED
Overpayment	Credited to your estimated tax \$ Refunded to you \$
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500
Return must be mailed on or before	September 15, 2004
Special Instructions	confidential GT033110
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2	Tax - Amount on line 1 X	S .
3	TEX CIBILE	\$
á	Balance (subtract line 3 from line 2) (not less than minimum tax, if applicable)	\$
	CONTROL CONTRO	\$
6	Total estimated lax - Add lines 4 and 5 (not less than minimum lax, if epokeable)	*
ý	Overpayment on prior year return designated to be credited to this estimate	\$
ê	Amount stready paid towards estimated tax	\$ m-01-1-m-01-1-0-0-
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		100S [] 109	installment 4		y of 12th month of tax year; for s, or holidays, see instructions.
		al employer identification	number (file)	If no payment is due.	, do not mail this form.
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